

AI # 868

Ryan S.



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Dept. of Environmental Quality

RE-COVERAGE FORM SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEM (MS4) GENERAL PERMIT

GENERAL PERMIT: MSRMS4 0 2 3. This coverage number must be completed for the referenced MS4 or this form will be considered incomplete and will be returned. The coverage number can be found at the bottom left corner of your previous Certificate of Coverage.

INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Small Municipal Separate Storm System (MS4) General Permit. This form, with an original signature, must be completed and returned to MDEQ at the address printed at the bottom of this form within 60 days of the date of the Letter of Instruction for Re-Coverage.

Submittals with this Re-Coverage Form must include:

- A Storm Water Management Program (SWMP) as required by ACT 5 of the General Permit
- Copies of current municipal storm water ordinances, or if not a city or county, copies of current regulatory mechanisms that address storm water management
- A location map must be attached, if location boundaries have changed since initial coverage issuance
- Copy of current Storm Water Pollution Prevention Plan (SWPPP) or Plans

Additional submittals may include:

- Appendix A and associated Joint MS4 legal documents, if applicable

NOTE: 3-RING BINDERS WILL NOT BE ACCEPTED DUE TO LIMITED FILING SPACE AT MDEQ.

MS4 APPLICANT INFORMATION

MS4 NAME: Keesler Air Force Base, Permit No. MSRMS4023

MS4 MAILING ADDRESS: 508 L Street, Building 4705

MS4 CITY: Keesler AFB STATE: Mississippi ZIP: 39534

MS4 COUNTY: Harrison County

MS4 IS A: CITY/TOWN COUNTY OTHER: Federal Facility

IS THIS A JOINT RE-COVERAGE FORM BEING SUBMITTED? YES NO
(If yes, a completed Appendix A must accompany submittal)

MS4 POPULATION: 11,785

PRIMARY LOCAL CONTACT NAME (responsible for storm water program implementation): C. Brent Eanes

CONTACT'S TITLE: Environmental Program Manager OFFICE PHONE: (228) 377-1262

CELL PHONE: () _____ FAX NUMBER: (228) 377-2749

E-MAIL ADDRESS (local contact): Keesler.Environmental@us.af.mil

E-MAIL ADDRESS (legally responsible person): michele.edmondson@us.af.mil

SECONDARY LOCAL CONTACT NAME (knowledgeable about program, if primary contact is unavailable) Keith Lowery, P.E.

OFFICE PHONE: (228) 377-1262 CELL PHONE: () _____

LOCATION DESCRIPTION OF MS4 (not required for cities and counties)

PROVIDE A NARRATIVE DESCRIPTION OF THE GEOGRAPHICAL LOCATION OF THE MS4 FOR FACILITIES SUCH AS MILITARY BASES, SPECIAL DISTRICTS AND ASSOCIATIONS, AND LARGE COMPLEXES (education, hospital, prison, etc.). _____

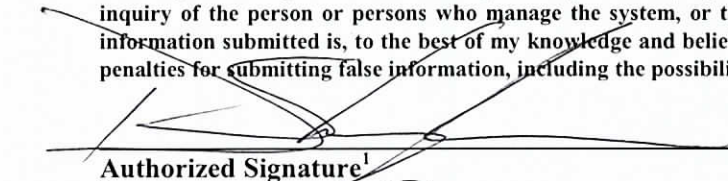
Keesler AFB in the City of Biloxi, Harrison County, Mississippi

RECEIVING WATER INFORMATION

IDENTIFY THE MAJOR RECEIVING WATERS (named on a USGS Quad Map) WITHIN THE MS4 BOUNDARIES. IN ADDITION, NOTE THOSE THAT ARE 303(d) LISTED IMPAIRED WATERBODIES WITHIN THE PERMITTED AREA (a complete list of 303(d) listed impaired waters may be found on MDEQ's web site: <http://www.deq.state.ms.us>).

<u>RECEIVING STREAM</u>	<u>CHECK IF 303(d) LISTED</u>	<u>RECEIVING STREAM</u>	<u>CHECK IF 303(d) LISTED</u>
Back Bay of Biloxi	<input type="checkbox"/>	_____	<input type="checkbox"/>
Mississippi Sound	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

 _____ Authorized Signature ¹	25 May 2016 _____ Date Vice Commander, 81st Training Wing _____ Title
Col. Dennis G. Scarborough _____ Printed Name	

¹This application shall be signed according to the General Permit, ACT10: SIGNATORY REQUIREMENTS as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipal, state or other public facility, by either a principal executive officer, the mayor, or ranking elected official.

Please submit this form to: **Chief, Environmental Permits Division**
MDEQ, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225



**DEPARTMENT OF THE AIR FORCE
AIR EDUCATION AND TRAINING COMMAND**

25 MAY 2016

MEMORANDUM FOR MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
ATTN: CHIEF, ENVIRONMENTAL COMPLIANCE DIVISION
OFFICE OF POLLUTION CONTROL
P.O. BOX 2261
JACKSON, MS 39225

FROM: 81 TRW/CC
720 Chappie James Avenue
Keesler AFB MS 39534-2604

SUBJECT: Re-Coverage under the MDEQ Small Municipal Separate Storm Sewer System
(MS4) General Permit Number MSRMS4023 – Storm Water Management Program

1. Keesler AFB is requesting coverage under the State of Mississippi Small Municipal Separate Storm Sewer System (MS4) General Permit. The MS4 General Permit Re-coverage Form and Keesler AFB Storm Water Management Program – 5 Year Plan are attached for approval.
2. Please refer any questions to Mrs. Janet Lanier at (228) 377-1262.

A handwritten signature in black ink, appearing to read "M. Edmondson", is written over the typed name of the sender.

MICHELE C. EDMONDSON, Colonel, USAF
Commander, 81st Training Wing

2 Attachments:

1. MS4 General Permit Re-coverage Form
2. Keesler AFB Storm Water Management Program – 5 Year Plan

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